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Compassion in the Emergency Department. Part 1: the student nurse perspective.

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Abstract

In this three part series, David Hunter and colleagues explore compassion in the Emergency Department. Part one provides an overview of the research undertaken. Part two explores the barriers to compassionate care in this clinical setting, whilst part three considers factors that enable and support compassionate care provision in the Emergency Department.

Compassion is a topical issue in nursing in relation to clinical practice, nurse education and policy. By reviewing the literature it is apparent that the experiences of student nurses regarding compassionate care has received little attention. Previous work by Hunter (2010) explored the experiences of student nurses within the Emergency Department. However, there appeared to be no studies that looked at the combined phenomenon of student nurses, compassionate care and the Emergency Department. This paper describes a study which aimed to address this gap in the literature. The underpinning methodology used is that of an exploratory-descriptive qualitative (EDQ) design, based upon the works of Sandelowski (2000, 2010) and Stebbins (2001). Fifteen students (year 1 = 5, year 2 = 5 and year 3 = 5), from across the West of Scotland, and who between them had been placed in 8 different Emergency Departments, participated in face-to-face interviews which were audio recorded and transcribed verbatim. Thematic data analysis was undertaken based upon the work of Braun and Clarke (2006). The findings identified two major themes: 'doing the little things' and 'a strange, new world: the uniqueness of the Emergency Department'.

Keywords

Exploratory-Descriptive Qualitative Research, Student Experience, Compassionate Care, Emergency Department.

Introduction

Compassion is currently at the forefront of healthcare policy and is debated both nationally and internationally in relation to practice and education (Dewar, 2013), but it is not a new

concept in nursing. Florence Nightingale (1860) suggested that nurses should care for patients with empathy and compassion. A number of key policy documents have been published in the United Kingdom (UK) in recent years that relate to compassionate care. They include the Willis Commission (2012) report regarding the health of pre-registration nurse education and addressing its future. Compassion is the overriding theme of the report. The Willis Commission (2012) make a number of conclusions and recommendations including the finding that educating students to degree level does not produce nurses who are less caring or lacking compassion than their predecessors. The report also highlights concerns regarding practice-based learning, mentorship and support for newly qualified nurses (Willis Commission, 2012). Another significant publication is the Francis (2013) report on the public inquiry into the Mid-Staffordshire NHS Foundation Trust. The Report includes a section relating to caring, compassionate and considerate nursing, within which there are a number of recommendations regarding the recruitment, training and education of nurses, with an increased focus on returning caring and compassion to the core of nursing practice (Francis, 2013).

Against this background, the aim of this study was to explore the experiences of student nurses in relation to the provision of compassionate care within the Emergency Department. Four questions were identified:

1. What does the term "compassionate care" mean to student nurses?
2. How has student nurses' understanding of compassionate care been developed?
3. If, how and from whom do student nurses learn to deliver compassionate care within the Emergency Department?

4. What are the barriers and enablers of providing compassionate care within the Emergency Department, as experienced by student nurses?

Literature Review

Sandelowski (2000) makes no explicit comment on how, or if, a literature review should be presented in a descriptive qualitative study. Whereas Stebbins (2001, p. 42) suggests that in exploratory research, literature reviews are "carried out to demonstrate that little or no work has been done on the group, process or activity under consideration". Therefore, in an EDQ study, the researcher should search for studies which are most closely related to the topic under investigation, and then demonstrate how they leave certain critical aspects of that phenomena unexplored (Stebbins, 2001).

A literature search of numerous electronic databases was undertaken. This included CINAHL and MEDLINE, two of the best for literature searches relating to nursing (Allen et al., 2006), and Google Scholar. Thirty-six publications were considered in the final literature review with the year of publication ranging from 1995 until 2016, although the majority of papers identified were published within the last 5-6 years. The designs used and nature of the papers were varied, as illustrated in Table 1.

Table 1: Quality of identified papers	
Research papers	Number of papers
Quantitative design	5
Qualitative design	12
Mixed-methods design	1
Literature Review	1
Discussion/Continuing Professional Development papers	17

The retrieved literature was considered under four categories: what is compassionate care?; student nurses and compassionate care; compassionate care and the Emergency Department; student nurses and the Emergency Department. While it is out with the scope of this article to discuss the literature review in detail, it is noteworthy that no studies were located where student nurses' experiences of compassionate care in the Emergency Department were explored. Regarding student nurses and compassionate care, literature exists which considers the recruitment process of students into university. This includes Rankin (2013) who suggests the use of emotional intelligence testing as part of the recruitment process may help candidates to identify if they have the positive values, which would likely allow them to provide compassionate care in clinical practice. Adam and Taylor (2014) suggest it is crucial that pre-registration nurse programmes allow students to develop the skills, knowledge and attitudes required to deliver care with compassion and that reflective workshops may facilitate this. Also utilising reflection, Adamson and Dewar (2015) suggest that the use of real life examples of care from clinical practice is useful for helping to teach students about compassionate care and to bridge the known gap between theory and practice which exists in nurse education. In relation to student nurses in the Emergency Department, Hunter (2010) suggest that although pre-placement anxieties exist, students are able to integrate into Emergency Department teams and develop a range of communication and clinical skills as a result.

Methodology & Methods

Reid-Searl and Happell (2012) suggest that a qualitative exploratory design allows the researcher to explore a topic with limited coverage within the literature and allows the participants of the study to contribute to the development of new knowledge in relation to the area of study. Sandelowski (2000) highlights that descriptive qualitative studies should be the methodology of choice when the aims of the research are to produce a straight forward description of the phenomenon. This allows the researcher to understand who is

involved, what was involved and where events took place in relation to the phenomenon of interest (Caelli et al., 2003).

A key point, which Sandelowski (2010) stresses, is that qualitative descriptive studies are not intended to be used to salvage pieces of research that have been poorly conceived or conducted. Qualitative descriptive studies cannot be justified when a different, more interpretive, qualitative methodology would have been more suited to answer the aims of the research (Sandelowski, 2010). In addition, Stebbins (2001) suggests that exploratory research involves moving beyond description to arriving at an understanding of the phenomena under investigation. Whilst other authors have stated that they have used an exploratory-descriptive qualitative approach to their research, they have often lacked theoretical underpinning. However, Sehularo et al. (2012, p. 3) state that "explorative research examines a phenomenon of interest, rather than simply observing and recording incidents of the phenomenon..." and go on to suggest that the descriptive element is used to gain insight and inform nursing care. Recognising the potential application of Stebbins' (2001) work to nursing and that of Sandelowski (2000, 2010), a hybrid of the two methodologies was created, as illustrated in Figure 1.

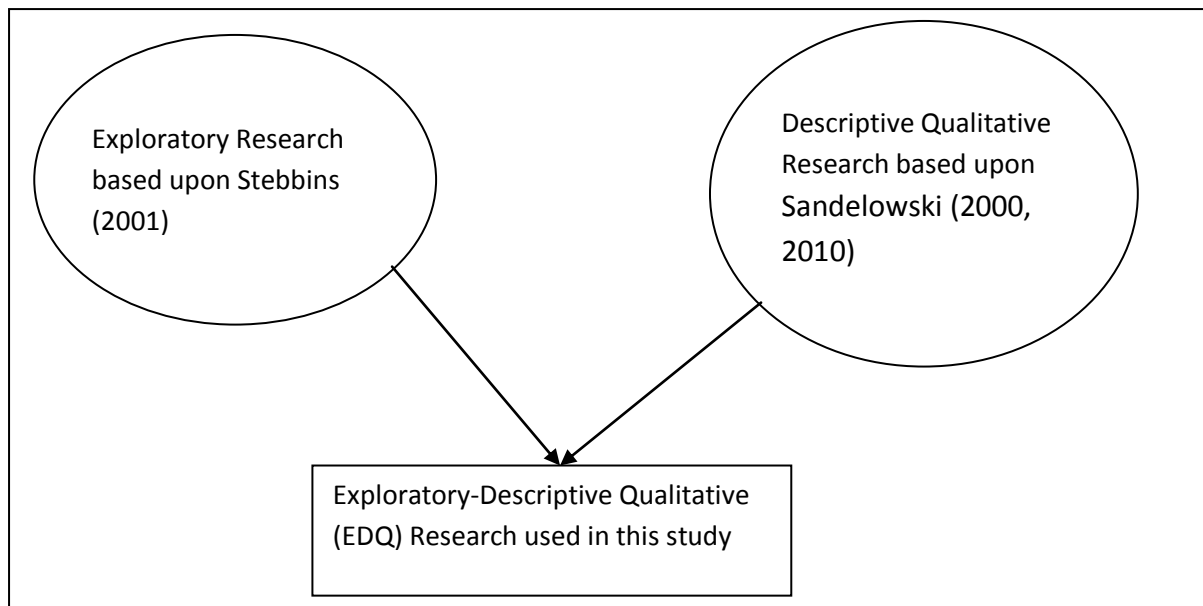


Figure 1: the creation of EDQ by Hunter (2017)

Ethical approval was granted from the university where the lead author undertook his Professional Doctorate, with access to the participants granted from the university the student nurses attended. Data was collected via individual, face-to-face, semi-structured interviews with 15 participants (5x 1st year, 5x 2nd year and 5x 3rd year students from across four different geographical locations in the West of Scotland). The sample comprised of ten female and five male students. Prior to recording the interviews, participants chose a pseudonym. This would allow participants to recognize any comments they made when the research was published (Duers, 2013). Interviews were audio recorded and transcribed verbatim. Thematic data analysis was undertaken based upon the work of Braun and Clarke (2006).

Findings

Two major themes and seven sub-themes emerged from the data following thematic analysis (figure 2). The main themes were 'doing the little things' and 'a strange, new world: the uniqueness of the Emergency Department'. Although Stebbins (2001) is somewhat sceptical about the use of direct quotations, quotations from the participants are used here to illuminate the themes and sub-themes.

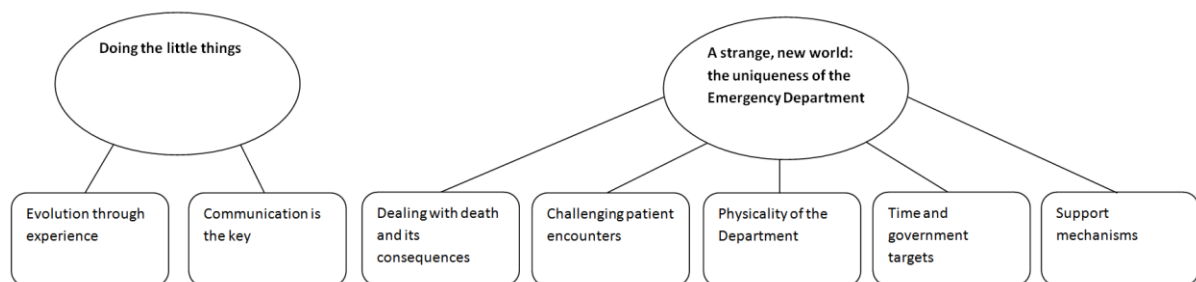


Figure 2: Final thematic map following data analysis (Hunter, 2017)

The first theme which emerged was 'doing the little things' with students highlighting that compassionate care is about small acts of kindness which hold significance for patients or relatives. Students suggested that compassionate care takes place both during and beyond the physical, often task orientated, elements of care delivery.

"I was surprised at how nice we were. Just doing little things like getting air mattresses. Making sure they [patients] were ok with water. Just small things. I knew we would be on things like making sure their obs [observations] were done, making sure that the doctor seen them, all that kind of stuff that you might think as high priority but, em, little touches... I think maybe just going that wee extra bit for somebody, doing something that's maybe a wee bit above and beyond the tick boxes on the front of the admissions sheet, sort of thing, and that would just be whatever was important to the individual you were treating." (Rachel)

When considering how their understanding of compassionate care developed, 'evolution through experience' captured the students descriptions. They highlighted that the influence of theory, the influence of having a variety of clinical placements and reflecting on their practice all helped them to develop as compassionate practitioners.

"I'm still learning just now, everything I'm learning from the university and from previous placements and what I'm doing out with work as well is also helping with that. [It] is giving me a better understanding of how to look after people." (Thomas)

The second sub-theme which emerged was 'communication is the key'. This sub theme was discussed 24 times by 60% of the participants (n=9) indicating that the student nurses saw a clear connection between communication and the delivery of compassionate care. Discussion here included the use of non-verbal communication, active listening and the ability to build a relationship with your patient or relative.

"I think if I was to see compassionate care in other staff members, it's the ones that actually sit down and listen to what the patients have to say... the patient can speak to them about trauma or anything that happened and they can feel like a weight has been lifted. The staff members' not actually said anything, they've just listened, they're a sounding board." (Tom)

The second theme is 'a strange, new world: the uniqueness of the Emergency Department'. This relates to the experiences of the student nurses and how they felt their placements in the Emergency Department were completely different to anywhere else they had been. The majority of participants (n=13) described their experience positively.

"I'd only just got used to working in, em, ward settings and places like that, and then to be thrown into A&E... I was worried I was going to, kind of, sink. That I wasn't

going to enjoy it much. However, after the seven weeks, I absolutely loved being there." (Jamie)

Within this theme, five distinct sub-themes emerged which captured the student nurses' experiences of compassionate care within the Emergency Department. The first of these is 'dealing with death and its consequences'. Just over half (n=9) of the participants discussed this element of emergency care with links being made to the previous major theme of 'doing the little things'.

"There was a couple of times when people had come in with cardiac arrests and things and they [the staff] had comforted the family and they had a quiet room and things, you know, I think that is showing, kind of, compassion with concern and, you know, sitting down and making sure they're ok, even offering them a cup of tea and just the way they interact with the, you know, just to show that they cared. So that's part of compassion, for me anyway, I think that's an instance I can... that showed that." (Robert)

Although a difficult element of nursing practice (Lawrence, 2010), those students who discussed dealing with death and caring for the bereaved in the Emergency Department were overwhelmingly positive about their experience. Additionally, they suggested it was something that was transferable to other settings beyond their ED placement.

The second sub-theme 'Challenging patient encounters', relates to three categories of patient groups and situations that students experienced in the Emergency Department and

which had an influence on the delivery of compassionate care. These were patients who attended with an alcohol or drug related issue; patients with mental health problems or who were aggressive and patients who attended the Emergency Department on a regular basis.

"I think some kind of comments made about mental health patients, or patients who come in drunk or overdoses: 'oh, it's the, it's the repeat offender'." (Ellie)

The 'physicality of the department' was recognised as the third sub-theme. This had both positive and negative connotations when it came to the delivery of compassionate care. On a positive note, students described how a benefit of working in the Resuscitation area was that you could provide more one-to-one nursing care, which in turn improved compassionate care delivery. In addition, they suggested that, at times, the nurses working in the Resuscitation area had more time to spend with their patients than those in other areas of the department. In contrast, other areas of the department, where space was limited and where there were issues with equipment, had a negative impact on compassionate care.

"People on corridors and moving people out to move people in to get assessed and then back out. That's just horrendous. I would hate to be sick there, lying in a corridor where people can walk by and see that, and it's sick the way... writhing about in pain or vomiting and, or having bits exposed because you're moving about that don't need to be and I think that's just, it's not very pleasant." (Ellie)

The fourth sub-theme that became apparent was the influence of 'time and government targets'. All but one (n=14) of the students discussed time during their interviews, with it being seen as having a negative influence on compassionate care. Students made a link between the amount of time available to build a relationship with their patient and how this related to the delivery of compassionate care. The discussion of the government's four hour waiting target also came up with one student describing the movement of patients as "bed Tetris". Although predominately seen as a negative aspect, some students did recognise that they had developed skills in relation to being able to build relationships with patients and families quickly and that this was something that they would take forward with them into their future practice.

"Staff members said I was great with patients but I just feel sometimes it was very much, a very shallow relationship. It was almost like speed dating, except with patients." (Tom)

The final sub-theme the students described related to the 'support mechanisms' available to them in the Emergency Department. Students recognised that they had been well supported during their placements. Additionally, they made positive comments about teamwork within the departments and how it enhances compassionate care. Students commented on staff as role models. This was predominately a positive discussion but when negative, students recognised this and would still make a positive learning experience from it. Some students also commented on staffing levels, suggesting that low levels impacted on both their learning and the delivery of compassionate care. Finally, some students

suggested the need for mental health nurses or support workers to be based in the ED to support patients with mental health presentations.

Discussion

The discussion here predominantly focuses on the first three research questions the study set out to answer, while discussion of the last question in relation to barriers and enablers of compassionate care in the ED is provided in Parts 2 and 3 of this series .

Students in this study described how compassionate care to them was about 'doing the little things'. They recognised that small acts of kindness can have a significant impact on the quality of the care being provided. Pearson (2006, p. 22) highlights that these 'little things' are "known to be important, but have little status. They are seen as simple, not clever; basic, not exquisite; peripheral, not central." The students suggested that there were many circumstances where they could demonstrate compassion whilst performing aspects of nursing care. They also highlighted that the provision of compassionate care was not dependent upon their stage of education, for example a Part 1 student observing a particular skill still had an opportunity to show compassion to a patient. Dewar et al. (2011) identified that many acts of compassionate care occur during routine day-to-day acts of nursing. However, nurses may have difficulty in discussing these good elements of care or the significance they may hold to patients, as they may feel embarrassed or perceive themselves as boasting (Dewar et al., 2009, Dewar & Mackay, 2010). In addition, students highlighted that communication and the building of relationships with patients and their family members were key components in how compassionate care was manifest.

The student nurses who participated in this study described how their understanding of compassionate care had developed during their programme in three particular mechanisms. They described the influence of theory, which included materials directly taught in university and the guidelines produced by the Nursing and Midwifery Council. This finding correlates the assertion of Richardson et al. (2015) that compassion can be taught. Secondly, students recognised that their understanding of compassionate care was influenced by the variety of practice learning experiences they were exposed to and that having encounters with a wide range of patient groups allowed their compassionate care delivery to develop. Curtis et al. (2012) highlight that student nurses are expected to develop their understanding of compassionate care from both nursing theory and through exposure in practice learning. The variety of practice learning experiences exposes students to wider experiences of patient journeys in healthcare, consequently helping them to develop a patient-centred approach to care (Millar, 2014). In addition, students discussed how reflecting on their clinical experiences provided them with an opportunity to consider their practice in relation to delivering compassionate care and how it could be enhanced. Student nurses are advised that reflection is a beneficial way to improve patient care by developing their skills, expanding their knowledge base, examining their behaviours and interactions with others and making sense of difficult or challenging situations (Thorpe et al., 2015). Finally, and specifically relating to the Emergency Department, students described their experiences of caring for the dead, dying and the bereaved. This element of emergency nursing had a significant impact on their understanding of how high quality compassionate care can be provided to this particular patient group and will be explored in more detail in Part 3.

In response to the question of if, how and from whom, student nurses learn how to deliver compassionate care in the Emergency Department, two main factors were identified. They described the beneficial aspects of being in a supportive learning environment, mirroring Hunter's (2010) earlier work and the results of Henderson et al.'s (2009) study, which recognised that the quality of everyday interactions with clinical staff has a direct impact on the quality of the student's clinical experience and subsequent learning. Students described EDs where learning was encouraged, where team work/dynamics were strong and where they witnessed staff members showing compassion to one another. Additionally, students recognised the significance of staff as role models had on their development of compassionate care delivery within this clinical environment. When students are exposed to the behaviours of registered nurses they considered either positive or negative role models, this has an influence on their professional development (Keeling & Templeman, 2013).

Limitations

The findings presented here are from fifteen students who were studying at the same university and, as a result, had been given the same theoretical content. Consequently, student nurses from other universities, or in different geographical areas, may provide alternative responses. Similarly, this study involved students undertaking a BSc Adult Nursing degree. It is conceivable that students from other nursing fields may have a different perspective of what compassionate care means to them or how it occurs in the Emergency Department.

Conclusion

The students in this study described how the Emergency Department was completely alien in comparison to their other practice learning experiences. Despite the challenges of working in the most acute of clinical settings, nurses are able to provide compassionate care to patients and their relatives. However, it is far from universal. Students described certain patients who, perhaps, do not receive the compassionate care that they should and identified this as a barrier to its provision. However, they also recognised that there were opportunities to overcome these barriers (discussed in Parts 2 & 3). Students were overwhelmingly positive about their experiences in the Emergency Department and the beneficial impact it would have to their future nursing practice.

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